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ABSTRACT

The goals of the School Mental Health Consultation Program, a cooperative effort of the Children and Youth Service at High Plains Mental Health Center and the Unified School District 489 in Hays, Kansas, are to evaluate students' behavioral problems, to assess how students' difficulties affect teachers, and to help the consultee assess the interface between the school and the High Plains Mental Health Center. The consultant helps the consultee to identify issues or problems, and to develop problem-solving skills. Effective communication skills should be a top criterion when providing consultation services. The most important trait in a consultant is the ability to establish confidence and trust with other people. A consultant who possesses such skills will be able to offset some of the resentment school personnel may feel when an outsider is brought into the school. The school gets the most from the consultation program when the reasons for employing a consultant and the consultant and school responsibilities are defined. Consultants should have these traits: (1) experience in school setting; (2) excellent communication skills; (3) ability to challenge and be challenged; (4) ability to define problems; (5) creativity and flexibility; (6) ability to deliver services on time; (7) ability to understand and appreciate the school's expectations; and (8) commitment to understand and appreciate the consultation process. (The appendix contains a school mental health consultation program procedural guide and a case study worksheet.) (ABL)

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SCHOOL MENTAL HEALTH CONSULTATION PROGRAM

by

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CG024346

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PREFACE

The purpose of this proposal is to support the recommendation by High Plains Mental Health Center to develop, implement, and evaluate a School Mental Health Consultation Program for Unified School District 489 in Hays, Kansas. Consultation may be in the form of direct service, conferences, workshops, or inservice educational programs for teachers, students, parents, or other school personnel. The outcome of the consultation program is to advance the educational and emotional well-being of students.

SCHOOL MENTAL HEALTH CONSULTATION PROGRAM

BACKGROUND

One significant aspect of family life for parents is their child's school activities. The child's behavior and performance is frequently a source (or reflection) of family concern.

If the student exhibits behavior problems, those problems come to the attention of various agencies such as law enforcement, mental health, or social services. Often, several agencies receive the same request for assistance; often, the source of these multiple requests is the school; and often, each request is handled independently without interdisciplinary cooperation among the various agencies, which results in overlap of work and time expenditures.

DESCRIPTION OF THE MODEL

The social worker in the Children and Youth Service at High Plains Mental Health Center, in cooperation with Unified School District 489, is to establish a consultation program between professionals--consultant and school staff--in which the consultant helps the staff member solve the mental health problems of his or her students.

The goals of the School Mental Health Consultation Program are:

1. To evaluate behavioral problems that students exhibit within the school and to discuss possible solutions with the consultee.

2. To assess how students' difficulties affect teachers.

3. To help the consultee assess the interface between the school and High Plains Mental Health Center.

The consultation program emphasizes case-centered and teacher-centered consultation as a way of addressing children's behavioral problems in school, and as a way of understanding how these problems affect the student, school, and school system at large.

As a way of integrating the consultant into the school system, he or she would be introduced by a school official at a pre-academic year, system-wide teachers' meeting. At that time, the roles of the consultant, teachers, and school administrators would be defined and discussed. The consultation plan includes an arrangement for the consultant to meet with teachers and administrators to discuss issues or concerns related to student development, concerns or problems. The details regarding mental health consultation would be developed by the consultant and teachers/school administrators at each school's pre-academic planning meeting.

ROLE OF THE CONSULTANT

The role of the consultant is to enhance the effectiveness of the teachers and principals in coping with the problems generated by their interaction with students, and possibly with one another. In addition to collaborating with school personnel, the consultant would attempt to broaden the understanding of school staff regarding the historical antecedents of the presenting problems, and the factors involved in the perpetuation of certain problems. The consultant would be available for meetings with the principal, teachers, school nurse, and school psychologist or counselor. The consultant would meet with them regarding student or institutional problems.

The mental health consultant would initiate informal contact with the counseling and teaching staffs about students seen as clinic patients, and meet regularly with school personnel to ensure effective interventions with students.

CRITERIA FOR SELECTION OF A CONSULTANT

The criteria for selection of the consultant are: (1) active involvement in child and family services; (2) ability to participate in an interdisciplinary program; (3) interest in preventive programs; (4) prior consultation experience; (5) experience in program development, implementation, and evaluation; and (6) research experience.

Additionally, other competencies for a consultant are as follows:

1. Ability to diagnose a problem.
2. Ability to make an analysis and to interpret the results for the client.
3. Ability to communicate effectively.
4. Ability to help other people become comfortable with change.
5. Ability to maintain and release human energy.
6. Ability to deal with conflict and confrontation.
7. Ability to develop objectives with the client.
8. Ability to help other people learn how to learn.
9. Ability to manage a development and growth effort.
10. Ability to evaluate results.
11. Ability to be proactive.
12. Ability to be creative and innovative.
13. Ability of the consultant to be self-renewing.

All the educational preparation and learning experience would not compensate for certain necessary traits and skills of the consultant that do not necessarily come from education. These include:

1. Flexibility.
2. Ability to quickly and accurately adapt to unfamiliar situations and circumstances.
3. Innovative and creative ability.
4. Possession of inner motivation, a self-starter.
5. Extreme perception and sensitivity towards others.
6. Ability to deal successfully with ambiguity.

7. Extreme honesty, ethics of profession.

8. Genuine desire to help others.

9. Profound respect for self.

10. Optimism and self-confidence.

11. Sincerity.

12. Charisma.

When summarized, the competencies of a consultant seem to cluster as follows:

KNOWLEDGE AREAS

1. Thorough grounding in the behavioral sciences.

2. An equally thorough foundation in the administrative philosophies, policies, and practices of organizational systems and larger social systems.

3. Knowledge of educational and training methodolgies, especially laboratory methods, problem-solving exercises, and role playing.

4. An understanding of the stages in the growth of individuals, groups, organizations, and communities and how social systems function at different stages.

5. Knowledge of how to design and facilitate a change process.

6. Knowledge and understanding of human personality, attitude formation, and change.

7. Knowledge of oneself; motivations, strengths, weaknesses, and biases.

8. An understanding of the leading philosophical systems as a framework for thought and a foundation for value system.

SKILL AREAS

1. Communication skills: listening, observing, identifying, and reporting.

2. Teaching and persuasive skills: ability to effectively impart new ideas and insights and to design learning experiences that contribute to growth and change.

3. Counseling skills to help others reach meaningful decisions on their own power.

4. Ability to form relationships based on trust and to work with a great variety of persons of different backgrounds and personalities; sensitivity to the feelings of others; ability to develop and share one's own charisma.

5. Ability to work with groups and teams in planning and implementing change; skill in using group-dynamics techniques and laboratory training methods.

6. Ability to utilize a variety of intervention methods and the ability to determine which intervention is most appropriate at a given time.

7. Skill in designing surveys, interviewing, and other data collection methods.

8. Ability to diagnose problems with a client, to locate sources of help, power, and influence, to understand a client's values and culture, and to determine readiness for change.

9. Ability to be flexible in dealing with all types of situations.

10. Skill in using problem-solving techniques, and in assisting others in problem solving.

ATTITUDE AREAS

1. Attitude of a professional: competence, integrity, feeling of responsibility for helping clients cope with their problems.

2. Maturity: self-confidence, courage to stand by one's views, willingness to take necessary risks, ability to cope with rejection, hostility, and suspicion.

3. Open-mindedness, honesty, intelligence.

4. Possession of a humanistic value system: belief in the importance of the individual; belief in technology and efficiency as means and not ends; trust in people and the democratic process in economic activities.

SPONSORSHIP OF THE PROGRAM

The School Mental Health Consultation Program is sponsored by High Plains Mental Health Center in collaboration with Unified School District 489. The consultant is a member of the Children and Youth Service at High Plains Mental Health Center.

PROGRAM GOALS

The goals of the School Mental Health Consultation Program are:

1. Evaluation of student behavioral problems in the classsroom and school at large, concomitant with suggested interventions, should bring about a resolution to any given problem as well as a reduction in referrals to High Plains Mental Health Center for outpatient services.

2. An assessment of how behavioral problems will be resolved through an organized approach. The outcome should result in effective communication between the consultant, teachers, and school administrators.

3. Intervention directed at organizational effectiveness and enhancement of problem-solving skills for school personnel.

4. Facilitation of a more effective interface between the school district and community in order to develop more responsive, task-oriented Parent-Teachers Associations.

CONSULTATION ISSUES

Consultation is defined as the interaction between a consultant and consultee on behalf of the client. The client can be a student and/or his or her family, a group (teachers/principals), or an institution. Effective consultation assists the consultee to do his or her job efficiently and effectively; enhances self-confidence; and improves his or her problem-solving skills.

In general, the persons seeking consultation services are looking for two things: first, solutions to specific problems of students and/or their families; and, second, a chance to express their concerns about their work. The latter reason seems to be the most important issue because the consultant has an opportunity to offer institutional, rather than individual, solutions.

Consultation with schools is important because the schools are interested in mental health consultation to help understand and manage students more effectively. One method of intervention in assisting both students and teachers is the development of a Child Staffing Committee. The committee is organized to include the consultant, the school principal, the school psychologist, the special education teachers, and others as deemed appropriate. In monthly meetings, students with problems are presented for discussion and disposition. The counseling staff at High Plains Mental Health Center would evaluate the student and family, and make recommendations regarding appropriate services or interventions. Consultation enables both the consultant and school personnel to make early interventions since consultation represents a form of prevention.

Developing effective consultative relationships enables the consultant and school personnel to ensure that the emotional, mental, or psychological needs of the student and family are met. Consultation and referral services need to be effectively developed between High Plains Mental Health Center and school professionals in order to improve the quality of care and to maximize therapeutic interventions.

DISCUSSION

It is important to focus on student issues, as well as institutional issues. Other variables to be considered are the staff characteristics and needs. These characteristics

and needs will vary according to years of experience, academic degree, and position (e.g., administrator, principal, or teacher). Being at the receiving end of school or student issues or concerns, the classroom teacher will usually present the most requests for assistance. Those teachers who are in their first years of teaching, and less locked into bureaucratic habit, will usually initiate more requests for assistance when dealing with institutional/school issues. Administrators who are in different positions to initiate innovative program requests are more inclined to seek assistance to deal with students who have academic and/or behavioral problems. It appears that requests by higher level administrators could be interpreted as politically motivated. For example, requests might be designed to shield the school system from dialogue with the general public, or, in some cases, with teachers. Principals are sometimes caught in the middle of administrative, public, or teacher demands. When not besieged by student problems, principals will usually make more requests for assistance in personnel management, role definition, and institutional communication.

An evaluation of the consultation process could be accomplished by examining the content of consultant-client interactions and communication; for example, case-oriented, to self-oriented, to program oriented. Movement from case consultation, in the entry phase, to program consultation, in the latter phases is considered desirable. Such movement is the result of effective consultation processes.

The School Mental Health Consultation Program is designed to elicit maximum particpation from teachers, administrators, and the consultant. One feature of the program is the utilization of a consultant with a mental health background--a feature considered valuable because it brings together a wealth of experience, knowledge, and resources that would be beneficial to the client. Active consultation provides a communications network that facilitates an exchange of data essential to the consultation program. The program has significant impact on referral patterns, the types of treatment rendered, dispositions made, and types of interventions made. This approach solves some problems. Most importantly, it reinformces child evaluation service availability to the community, and enables the consultant and school personnel to make early interventions.

The advantages of the School Mental Health Consultation Program are: (1) it provides an identifiable mental health resource to the school community; (2) it provides for rapid and efficient referral to High Plains Mental Health Center; (3) it provides mental health services that are based on a medical model that ensures quality assurance, efficient record-keeping, and accountability for services rendered; and (4) it involves the school district and the community at large.

EXPECTATIONS

The rationale for the program is to focus consultation efforts on establishing and strengthening linkages within the school system, and to facilitate the rapid and smooth interchange of resources.

In order for the consultation process to be effective, consultation should focus on the total school program; otherwise, the consultant would merely respond to crises without systematically increasing the school's ability to handle crisis situations on its own.

Viewing the school and its personnel as key agents in enhancing the mental health of students, the consultant cannot avoid the challenge of evaluating his or her role as an agent of change. The need is to know more about how consultation assists consultees in finding solutions to the presenting problems, how much time consultation takes, and through which stages consultation proceeds.

SUMMARY

The consultant helps the consultee identify issues or problems, and develop problem-solving skills. The consultant is basically a facilitator who would establish a focus for dialogue.

Effective communication skills should be a top criterion when providing consultation services. The most important trait in a consultant is the ability to establish confidence and trust with other people. A consultant who possesses such skills will be able to offset some of the resentment school personnel may feel when an outsider is brought in. The best consultant is honest, straightfoward, and pleasant, and has a good deal of patience. The consultant must be able to understand the anxiety staff may feel, and assist the staff to enhance or develop personal or professional skills in their work with students.

HOW THE SCHOOL GETS THE MOST FROM THE CONSULTATION PROGRAM

1. Define the reasons for employing a consultant.
2. Define consultant and school responsibilities.
3. Consultant Traits:
    a. Experience in school settings.
    b. Excellent communication skills.
    c. Ability to challenge and be challenged.
    d. Ability to define problems.
    e. Creativity and flexibility.
    f. Ability to deliver services on time.
    g. Ability to understand and appreciate the school's expectations.
    h. Be committed to the consultation process.

Since consultation is a collaborative process, there needs to be some outgrowth from consultation that can become

an integral part of the school system, from preschool to senior high school. It seems that if schools are willing to support a mental health consultation program, and if administrative support has been gained, then the model procedural guide (Appendix A) could be utilized to establish and implement the School Mental Health Consultation Program.

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APPENDIX A

SCHOOL MENTAL HEALTH CONSULTATION PROGRAM

PROCEDURAL GUIDE

SCHOOL MENTAL HEALTH CONSULTATION PROGRAM

PROCEDURAL GUIDE

PURPOSE: To establish a School Mental Health Consultation Program for Unified School District 489 in Hays, Kansas.

SCOPE: That the services of a school social worker, certified and endorsed by the State Board of Education, or of a clinical social worker, certified by the Kansas Behavioral Sciences Regulatory Board, shall be available to each behavior disorders school program.

GOALS: (1) To evaluate behavioral problems that children exhibit at school, and to discuss with consultees possible solutions.

(2) To assess how a student's behavioral problems affect teachers and the school system at large.

(3) To help consultees look at their organizational effectiveness and to explore with them various means of increasing the effectiveness of their school's programs.

(4) To help consultees assess the interface between the school system and High Plains Mental Health Center.

ORGANIZATION: The School Mental Health Consultation Program is conducted under the auspices of High Plains Mental Health Center. The consultant is on staff of the Children and Youth Service at High Plains Mental Health Center.

(1) The consultant will be available to the school district for a time of thirty (30) hours per month.

(2) Crisis intervention services would be provided to the schools on an "as needed" basis. Emergency services are available at High Plains Mental Health Center on a 24-hour basis.

(3) Other Consultant Services: (a) Participate in evaluation of students, to include disposition and treatment of students who exhibit emotional, mental, or behavior problems at school; (b) Work with other professionals and service agencies in the development and utilization of resources to assist students with behavior problems; (c) Participate in planning, and providing, rehabilitation mental health services for students with behavior problems; (d) Participate in planning and organizing professional staff development programs; (e) Ensure preparation and completeness of monthly and semi-annual reports; (f) Conduct quality assurance studies on an annual basis; and (g) Assume responsibility for maintenance of reports, data, and files related to the School Mental Health Consultation Program.

(4) The consultant will help consultees evaluate the School Mental Health Consultation Program, and will explore with consultees ways to enhance the program.

LIMITATIONS: The consultant will not be available to conduct home visits at any time. Any student referred for consultation would be seen at the school or at the clinic. High Plains Mental Health Center has appropriate staff and programs to provide services in the home.

PROGRAM CONSULTATION

Program consultation is offered to consultees to assist them in evaluating mental health issues or concerns regarding institutional problems. The consultant maintains liaison with school administrators, principals, and teachers in order to be informed, and to explore, study, and make recommendations about the policies and procedures regarding the School Mental Health Consultation Program.

CASE CONSULTATION

Case consultation offers the consultee a service that emphasizes the importance about early detection of problems. Case consultation is not designed to relieve consultees of responsibility for students with behavior problems. Such services provide assistance to the consultee in understanding management methods that could be used to help the student adjust. In some instances, the consultant may recommend treatment services at High Plains Mental Health Center; or make referrals to an agency, facility, or office based on the parent's choice of service or program.

In essence, case consultation (1) provides a way or approach for defining a problem; (2) helps the consultant and consultee look beyond symptoms and try to understand the underlying causes of a student's problem; and (3) minimizes the gap between teaching readiness of the teacher and the learning readiness of the student.

REFERRAL

Requests for consultant assistance is made by contacting the consultant at High Plains Mental Health Center. The referral can be made through the mail, by telephone, or in person. The consultant can be contacted at 913/628-2871 or by writing the consultant at 208 East 7th Street, Hays, Kansas 67601.

FOLLOW-UP SERVICES

1. Student evaluation and treatment will be in accordance with the protocol and services provided at High Plains Mental Health Center.

2. Emergency services are provided to an individual or family when they are seen by Screening and Referral personnel at High Plains Mental Health Center. Emergency services are provided on a 24-hour a day basis, seven days a week.

3. Hospital consultation is provided by Screening and Referral Services, High Plains Mental Health Center.

4. The consultant can only make recommendations regarding follow-up services for students. The consultant, upon request, will provide application packets to parents of students who may need services at High Plains Mental Health Center.

5. When the applications forms are completed and returned to High Plains Mental Health Center, a therapist will be assigned the case for follow-up.

CASE STUDY WORKSHEET

The Case Study Worksheet is designed to expedite referral for consultation services.

CASE STUDY WORKSHEET

I. IDENTIFYING DATA:

Completed by_____ Date_____

Student's Name_____

Date of Birth_____ Sex_____ Race _____

A. Family Members:

Name Relationship Age Address

B. Outstanding Characteristics:

1. Appearance
2. Gait and coordination
3. Speech
4. Mood/Affect

II. Teacher's Concern and Impression About the Problem

A. What are the main symptoms?

1. Identify the historical antecedents to the problems.
2. What are the student's reactions to the problems?
3. What are the teacher's reactions to the problems?
4. When do the problems usually occur?
5. Where do the problems usually occur?

III. Educability of Student (his or her capacity to learn)

A. Intelligence

B. Physical capacities

1. General Health

2. Sensory abilities

3. Neurological disturbances

C. Maturity (independence, interests, self-control)

D. Motivation

1. Attitudes and feelings about learning

2. Feelings about him- or her-self

3. Attitude toward teacher

4. Attitude toward classmates or peers

5. Attitude about parents' value on education

6. Attitude about siblings' performance as students

E. Inner freedom to learn (fears, anxieties, fantasies)

F. Opportunity to learn (class environment, size)

G. School history (previous school performance, achievments)

IV. Developmental History

A. Pregnancy (planned, unplanned, adopted)

B. Significant birth history (congenital defects)

C. Mastery of developmental skills

D. Student's reaction to developmental crisis (if noted)

E. Student's coping mechanisms

V. Background Information

A. Family Background

1. Home environment

2. Parents' background (education, occupation)

3. Siblings (ages, grade)

4. Relationship and interaction between mother and child

5. Relationship and interaction between father and child

6. Relationship and interaction between siblings and child

B. Social relationships

C. Any significant environmental factors not included above

FORMAT FOR QUALITY ASSURANCE STUDIES

1. Problem Identification

   a. State problem

   b. Indicate impact

   c. State benefit

2. Prioritization

   a. Resolvable problem is highest priority -"1"

   b. Major impact on intervention is next highest priority- "2"

   c. Need to consolidate multiple data sources is third priority - "3"

3. Data Sources

   a. Internal data

   b. External data

4. Methodology: Summary of materials and methods used to solve inherent problem

5. Corrective action: Who, What, Where, When, Why

6. Follow-up: Who, What, Where, When, Why